DLN: 93493317030192

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

2011

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A Fo	or the :	2011 ca	lendar year, or tax year beginning 01-01-2011	1 and ending 12	2-31-2011				
B Ch	eck ıf a	pplicable	C Name of organization National US Arab Chamber of Commerce				D Employ	yer ident	tification number
☐ Ad	dress ch	nange	Doing Business As			_	52-15 E Telepho	29937	her
∏ Na	me cha	nge	Doing Business As						
Ini	tıal retu	rn	Number and street (or P O box if mail is not deliver	red to street address)	Room/suite	-		289-59	
Г Те	rmınate	d	1023 15th Street NW 4th Fl				G Gross re	eceipts \$	1,994,389
☐ Am	nended	return	City or town, state or country, and ZIP + 4		<u> </u>	-			
Г Ар	plication	n pending	Washington, DC 20005						
			F Name and address of principal officer			H(a) Is the	s a group	return f	or
			Don DeMarıno 1023 15th Street NW 4th Fl			affilia	tes?		┌Yes ┌No
			Washington, DC 20005			H(b) Are al	l affiliates i	included	I?
									see instructions)
I Ta	ax-exem	npt status	501(c)(3) ✓ 501(c) (6) ◀ (Insert no)	4947(a)(1) or 🦵 !	527	H(c) Grou	ıp exemptı	on num	ber ►
J W	ebsite	e: ► www	vnusacc org						
K For	m of or	ganızatıon	Corporation Trust Association Other			L Year of fo	mation 198	87 M S	state of legal domicile DC
Pa	rt I	Sum	mary						
Activities & Governance	'	The Cha	escribe the organization's mission or most sign mber certifies documents for shipping goods a ces and meetings to promote trade/cultural ti	and materials to v	arious Ar			•	s a series of
ξ	.								
ŝ	1		is box 🔭 if the organization discontinued its			more than 2	5% of its	1	
жб И			of voting members of the governing body (Par					3	30
Ħ			of independent voting members of the governi nber of individuals employed in calendar year				'	5	29
Ę.	1		mber of marviduals employed in calendar year mber of volunteers (estimate if necessary) .		ie 2a) .		ŀ	6	29
∢			elated business revenue from Part VIII, colu				ŀ	7a	0
	ь	Net unre	ated business taxable income from Form 990	0-T, line 34 .				7b	
						Prio	r Year		Current Year
_	8	Contri	outions and grants (Part VIII, line 1h) $$. $$.				30,0	000	269,500
a Li	9	Program service revenue (Part VIII, line 2g)					1,155,7	07	1,472,423
Revenue	10		ment income (Part VIII, column (A), lines 3,		1,6		1,282		
т.	11		revenue (Part VIII, column (A), lines 5, 6d, 8	25,093			9,036		
	12		evenue—add lines 8 through 11 (must equal	. ,,	1,212,463			1,752,241	
	13		and similar amounts paid (Part IX, column (A						9,000
	14	Benefi	s paid to or for members (Part IX, column (A					0	
ø	15		s, other compensation, employee benefits (P	art IX, column (A), lines		842,765		
Expenses	16a	5-10)	sional fundraising fees (Part IX, column (A), l	uno 11a)			757,8	0	
Φ ⊕	ь			melle)					
Ж	17		ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ expenses (Part IX, column (A), lines 11a-11	d 11f-24e)			920,889		
	18		expenses Add lines 13–17 (must equal Part				769,2		1,772,654
	19		ue less expenses Subtract line 18 from line 1				-314,5		-20,413
Net Assets or Fund Balances							of Currer ear		End of Year
See.	20	Total	ssets (Part X, line 16)				1,359,2	58	1,498,840
P. A. P.	21	Total I	abilities (Part X, line 26)				104,6	37	264,768
	22		sets or fund balances Subtract line 21 from l	line 20			1,254,6	21	1,234,072
-	rt II		ature Block						
know	rledge a rledge.	and belie	erjury, I declare that I have examined this return, i, it is true, correct, and complete. Declaration of ** ture of officer Solvers Exec Vice President			is based on			
			or print name and title						
Paid		Preparer signature	Margaret Bartel	Date	sel	eck if f- nployed • 🔽	Preparer's (see instr		r identification number
Prep Use	arer's Only	ıf self-er	n's name (or yours BARTEL & ASSOCIATES elf-employed),						
200	J.111y	address,	and ZIP + 4 8810 Pear Tree Village Ct Ste B				Phone no) (702	3) 548-4250
 May	the IR	S discus	Alexandria, VA 223143648 s this return with the preparer shown above?	(see instructions)			`	Yes No

(Code) (Expenses \$ including grants of \$) (Revenue \$

Business Facilitation - Promoting good ethics and well-informed business decisions. The NUSACC team offers a range of services designed to help the U.S. and Arab business leaders, including Certification Services, Standards Services, Research Services, Translation Services, Training Services and Trade & Investment Services

Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses►\$

4c

4d

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	200		
	complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Pa	Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 29			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.	V	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for fining requirements for Form FD 1 30-22 1, Report of Foreign Dank and Financial Accounts			
5a L	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		No No
C	These to fine 3a of 3b, and the organization me Form 8886-17	5c		NO
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			110
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		
_	required?	7g		
п	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
9 -	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		l No
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
_	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
Ь	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by			<u>. </u>
c	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No No
	, and a separation of the sepa		orm 99 0	

Form 990 (2011) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 30 **1a** Enter the number of voting members included in line 1a, above, who are 29 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . Yes 6 6 Yes Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . . Yes Each committee with authority to act on behalf of the governing body? 8b Νo Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νo
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.61		
	allian C. Disalanana	16b		Νo

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website ☐ Another's website ☐ Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public. See Additional Data Table State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨
- Bartel Associates 8810 Pear Tree Village Court Suite

Alexandria, VA 22309

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (describe hours	director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		11200)	organizations
(1) Jeffry Johnson Director	0 00							0	0	0
(2) HE MohammedAlHusseini AlSharif Honorary Board	1 00	х						0	0	0
(3) HE Abdulla Bin HamadAl Attıyah Honorary Board	1 00	х						0	0	0
(4) HE Lubna Al Qasımı Honorary Board	1 00	Х						0	0	0
(5) Eng Yusrı Tahboub Dırector	1 00	х						0	0	0
(6) Ambassador Edward Gnehm Director	1 00	Х						0	0	0
(7) HE Adnan Kassar Honorary Board	1 00	Х						0	0	0
(8) Michael L Ducker Director	1 00	Х						0	0	0
(9) James L Jamerson Director	1 00	Х						0	0	0
(10) Salım Zeennı Dırector	1 00	Х						0	0	0
(11) HE Khalıfa Bın Jassım Al Thanı Dırector	1 00	Х						0	0	0
(12) HE Ahmad Mohammed Al-Mıdfa Honorary Board	1 00	Х						0	0	0
(13) HE Khalfan S J Al Kaabı Dırector	1 00	Х						0	0	0
(14) Alex Shalaby Director	1 00	Х						0	0	0
(15) Abdul Rahman Attar Director	1 00	Х						0	0	0
(16) HEKBAbdullahBınMAl-Khonjı Dırector	1 00	Х						0	0	0
(17) Mohamed E Al-Shroogi Director	1 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title		(B) A verage hours per week (describe hours	unless person is both an officer and a or						(D) Reportable compensation from the organization (V 2/1099-MISC	v-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of othe compensatior from the organization ar related		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			мізс)		organiza		
(18) U	Jsamah M Al-Kurdı or	1 00	х							0		0		0	
(19) (Ghassan Al Sulaiman nairman	1 00	х		х					0		0		0	
	larbo Jensen	1 00	х							0		0		0	
	lofal Barbar	1 00	х		х					0		0		0	
	Oon DeMarino nairman	1 00	х		х					0		0		0	
	David Hamod ent & CEO	40 00			х				191,	725		0		16,090	
(24) (Curt Silvers Vice Pres	40 00			х				114,	583		0		0	
												\top			
										+		\top			
1b	Sub-Total				•	٠.		 		1					
С	Total from continuation sheets	s to Part VII, Sec	tion A					►							
d	Total (add lines 1b and 1c) .						•	 -	191,72					16,090	
2	Total number of individuals (inc \$100,000 of reportable compe	_				ted	above) who	received more	than					
											Г		Yes	No	
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete So	•								nsate •	ed employee	3		N.a	
4	For any individual listed on line									tıon fr	om the			No	
	organization and related organi	_	nan \$15	50,00	002	If "Y	'es," co	mple -	ete Schedule J for	such		4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
5	Did any person listed on line 1a		ie comi	- oensa	- ition	fror	n any	- unre	lated organizatio	n orı	ndıvıdual for	4	Yes		
	services rendered to the organ	ization? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or sucl	n per	son			5		No	
Se	ction B. Independent Co	ntractors													
1	Complete this table for your fiv \$100,000 of compensation fro or within the organization's tax	e highest comper m the organizatio													
	Na	(A) ame and business ad	dress						D	escripti	(B) ion of services		(C Compe		
107 S	ard Government Strategies LLC Street No 756 ndria, VA 22314								Personne	l Servi	ces			114,583	
												1			
	Fotal number of independent con	tun atawa (in aliidir		ot lin	nitor	1 +0 1	+	licto	<u> </u>		d mara than	\dashv			

Part V	411	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or
						512,513,61
\$ \$	1a	Federated campaigns 1a				
윤두	b	Membership dues 1b 189,500				
ე≝ ენ	c	Fundraising events 1c				
ĭts ≖a	d	Related organizations 1d				
<u> </u>	e	Government grants (contributions) 1e				
統						
美型	f	All other contributions, gifts, grants, and similar amounts not included above				
色色	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$	260 500			
ं ल	h	Total. Add lines 1a-1f	269,500			
<u> </u>		Business Code				
шe	2a	Newsletter	66,190	66,190		
æ	ь	Certification Revenue	1,392,855	1,392,855		
- e	С	Arabic Translation	13,378	13,378		
ž.	d					
ă	e					
Program Serwce Revenue	f	All other program service revenue				
ر ا						
<u>п</u>	g	Total. Add lines 2a-2f	1,472,423			
	3	Investment income (including dividends, interest	4 202			4 202
		and other similar amounts)	1,282			1,282
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	٩			
		(I) Real (II) Personal				
	6a b	Gross rents Less rental				
	"	expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	0			
		(ı) Securities (ıı) Other				
	7a	Gross amount from sales of				
		assets other				
	ь	than inventory Less cost or				
		other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)	o			
	8a	Gross income from fundraising				
пe		events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
ě		See Part IV, line 18				
<u>.</u>		a 251,184				
چّ	b	Less direct expenses b 242,148				
0	C	Net income or (loss) from fundraising events •	9,036			
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	С	Net income or (loss) from gaming activities	o			
	10a	Gross sales of inventory, less				
		returns and allowances .				
		a				
	b	Less cost of goods sold b				
	С	Tree meeting or (1000) from Sures or mitalicary 1	0			
	11-	Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d	o			
		·				
	12	Total revenue. See Instructions ▶	1,752,241	1,472,423		1,282

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	neck if Schedule O contains a response to any question in this Part IX				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	9,000			_
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	191,725			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	427,897			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,235			
9	Other employee benefits	166,874			
10	Payroll taxes	47,034			
11	Fees for services (non-employees)	17,034			
a	Management	0			
_	Legal				
b		129,322			
С.	Accounting	42,153			
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	284,021			
12	Advertising and promotion	451			
13	Office expenses	34,326			
14	Information technology	56,407			
15	Royalties	0			
16	Occupancy	125,153			
17	Travel	151,323			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			_
22	Depreciation, depletion, and amortization	4,632			
23	Insurance	15,446			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Repair & Maintenance	5,789			
b	Printing and Publications	38,114			
С	Postage and Shipping	10,985			
d	Membership fees	13,000			
e	Equipment Rental	6,459			
f	All other expenses	3,308			
25	Total functional expenses. Add lines 1 through 24f	1,772,654	0	0	
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,112,034	0		orm 990 (2011)

Part	t X	Balance Sheet					
					(A) Beginning of year		(B) End of year
1	L	Cash—non-interest-bearing			623,922	1	691,026
2	2	Savings and temporary cash investments			650,389	2	651,666
3	3	Pledges and grants receivable, net			3	О	
4	4	Accounts receivable, net	10,000	4	86,346		
5	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key eı	nployees, and			
		Schedule L				5	С
6	5	Receivables from other disqualified persons (as defined under se persons described in section $4958(c)(3)(B)$ Complete Part II of		958(f)(1)) and			
. ا ی		Schedule L				6	С
Assets 8	7	Notes and loans receivable, net			7	С	
တ္က 8	3	Inventories for sale or use			8	c	
⊄ 9	9	Prepaid expenses and deferred charges			23,630	9	18,082
1	L0a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	389,289			
	b	Less accumulated depreciation	10b	354,857	34,030	10c	34,432
1	L1	Investments—publicly traded securities			11	O	
1	L2	Investments—other securities See Part IV, line 11				12	С
1	L3	Investments—program-related See Part IV, line 11				13	C
1	L4	Intangible assets				14	(
- 1	L5	Other assets See Part IV, line 11		_	17,287	15	17,288
- 1	L6	Total assets. Add lines 1 through 15 (must equal line 34)		-	1,359,258		1,498,840
-	.7 L7	Accounts payable and accrued expenses .			104,637	17	264,767
	L8	Grants payable		18			
	.9	Deferred revenue				19	
- 1	20	Tax-exempt bond liabilities				20	
١,	21	Escrow or custodial account liability Complete Part IV of Schedule	0			21	
30 L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	υ.	•		21	
回		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties .				24	
						27	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part D				25	1
2	26	Total liabilities. Add lines 17 through 25			104,637	26	264,768
, e		Organizations that follow SFAS 117, check here ▶	ete lin	es 27			
등 2	27	Unrestricted net assets			1,254,621	27	1,234,072
ត្ត ₂	28	Temporarily restricted net assets				28	
_ _ 2	29	Permanently restricted net assets			29		
or Fund Balance		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	compl	ete			
	30	Capital stock or trust principal, or current funds				30	
<u> </u>	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
. I	32	Retained earnings, endowment, accumulated income, or other fur				31	+
ر ا	33	Total net assets or fund balances			1,254,621	33	1,234,072
2	34 34	Total liabilities and net assets/fund balances			1,359,258	34	1,498,840
13	/	rotar napinties and net assets/junia palances			1,309,258	54	1,498,8

Ра	Check if Schedule O contains a response to any question in this Part XI			. [-					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.7	752,24:				
2	Total expenses (must equal Part IX, column (A), line 25)	2			772,654				
3	3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,2	254,62				
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-136				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,2	234,072				
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮					
1	Accounting method used to prepare the Form 990			Yes	No				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No				
b	Were the organization's financial statements audited by an independent accountant?		2b		No				
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c		No				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued							
	Separate basis Consolidated basis Both consolidated and separated basis								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		No				

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 52-1529937

Name: National US Arab Chamber of Commerce

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493317030192

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

Nat	onal US Arab Chamber of Commerce			F 2 4	F20027		
De	rt I Organizations Maintaining Donor A	dvised Funds or Other 9			529937	Complet	to if the
	organization answered "Yes" to Form 99		Sillilai i ul	ius (or Accounts	. Comple	te ii tile
	•	(a) Donor advised fui	nds	(b) Funds and o	ther accou	nts
1	Total number at end of year						
2	Aggregate contributions to (during year)						
;	Aggregate grants from (during year)						
	Aggregate value at end of year						
;	Did the organization inform all donors and donor advifunds are the organization's property, subject to the			advis	sed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit					┌ Yes	┌ No
a	rt III Conservation Easements. Complete	ıf the organization answer	ed "Yes" to	Form	990, Part I\	/, line 7.	
<u>l</u>	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure)	vation of an h	rtıfıed	l historic struc	-	a
	easement on the last day of the tax year	illed conservation continuation	i ili tile lollil o	ı a co	iiseivatioii		
					Held at the	End of the	Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
С	Number of conservation easements on a certified his	toric structure included in (a)		2c			
d	Number of conservation easements included in (c) a	caured after 8/17/06	_	2d			
	Number of conservation easements modified, transfe	erred, released, extinguished,	or terminated	by th	e organization	during	
	Number of states where property subject to conserva	ation easement is located 🛌		_			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ection, handli	ng of	violations, and	│ ├ Yes	┌ No
,	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conserv	atıon easemer	nts du	ırıng the year l	<u> </u>	
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation	n easements d	lurıng	the year		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirer	ments of section	on		┌ Yes	┌ No
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organizatio					
ar	Organizations Maintaining Collection Complete if the organization answered	ns of Art, Historical Tr		Oth	er Similar	Assets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	116, not to report in its rever for public exhibition, education	nue statement on or research	ın fur			≘,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, o					
	(i) Revenues included in Form 990, Part VIII, line 1				- \$		
	(ii) Assets included in Form 990, Part X				► \$		
	If the organization received or held works of art, hist following amounts required to be reported under SFA			financ			
a	Revenues included in Form 990, Part VIII, line 1				► \$		

Assets included in Form 990, Part X

	Organizations Maintaining Co											ntınued)
3	Using the organization's accession and othe items (check all that apply)	er records, check an	iy of th	ne foll	owing t	that are	a significa	ant us	se of its colle	ction		
а	Public exhibition		d	Γ	Loan	or exch	ange progi	ams				
b	Scholarly research		e	Г	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's c	ollections and expla	ain hov	w thev	/ furthe	er the or	ganızatıor	ı's ex	empt purpose	e in		
	Part XIV			,			9		p. p. a p. c. c.			
5	During the year, did the organization solicit assets to be sold to raise funds rather than								ılar	Г	/oc	□ No
Par	t IV Escrow and Custodial Arrang								es" to Form			1 140
	Part IV, line 9, or reported an ar										<u></u>	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interm	ediary	force	ontribu	itions or	other ass	ets n	ot	_ \	es (┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving ta	able		_					
									Α	mou	nt	
C	Beginning balance						_	1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on F	orm 990, Part X, lın	ne 21?	•						Γ,	es/	┌ No
b	If "Yes," explain the arrangement in Part XI											
Pa	rt V Endowment Funds. Complete										- ,	
1.	Reginning of year balance	(a)Current Year	(Б) Prior Y	'ear	(c)Iwo	Years Back	(a)	hree Years Back	((e)	Four Ye	ars Back
1a L	Beginning of year balance							+		1		
b	Contributions							+		-		
с	Investment earnings or losses							+-		-		
d	Grants or scholarships							+				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	ar end balance held	as			•		•		•		
а	Board designated or quasi-endowment											
b	Permanent endowment -											
c	Term endowment ►											
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that a	re held	d and ad	lmınıstere	d for t	the			
	organization by										Yes	No
	(i) unrelated organizations							•	<u> </u>	a(i)		
	(ii) related organizations									1(ii)		
b	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	·						•		3b		
4	t VI Land, Buildings, and Equipme					10						_
ECI	Land, Buildings, and Equipme	ent. See ronn 9:	50, Pa				[1		
	Description of property				sis (inve	or other stment)	(b)Cost or basis (oth		(c) Accumula depreciatio		(d) Bo	ok value
1a	Land		•									
	Buildings		•									
C	Leasehold improvements											
d	Equipment					216,311			207	7,390		8,921
_												
e	Other		•			172,978			147	7,467		25,511

Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)20011 14140	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		,
		+
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	ne 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	ne 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

	Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	1	(II.,
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
	Other (Describe in Part XIV)	8	
	Total adjustments (net) Add lines 4 - 8	9	
)		10	+
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Revenue Per		turn
	Total revenue, gains, and other support per audited financial statements	1	cui il
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
	Donated services and use of facilities	1	
	Recoveries of prior year grants	1	
	Other (Describe in Part XIV)	1	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV) 4b	1	
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		Retur
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
	Donated services and use of facilities		
1			
	Prior year adjustments		
	Prior year adjustments		
	Prior year adjustments	2e 3	
	Prior year adjustments		
) 	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d Subtract line 2e from line 1		
	Prior year adjustments		
	Prior year adjustments		
	Prior year adjustments	3	

Identifier Return Reference Explanation

additional information

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DLN: 93493317030192

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

temal Revenue Service	► Attach	to Form 990 or	Form 990-	EZ. 🏲 See separate instruc	ions.	Inspection
lame of the organization lational US Arab Chamber of C	Commerce					dentification number
					52-15299	
Part I Fundraising Ac	ctivities. Complet	e ıf the org	anızatı	on answered "Yes"	to Form 990, Part	IV, line 17.
 Indicate whether the orga Mail solicitations Internet and e-mail solicitations Phone solicitations In-person solicitation 	olicitations	through any	e f	ollowing activities Ch Solicitation of no Solicitation of go Special fundraisi	n-government grants vernment grants	
 Did the organization have or key employees listed in If "Yes," list the ten higher to be compensated at least 	n Form 990, Part VII est paid individuals oi) or entity in entities (fur	connec ndraisers	tion with professional s) pursuant to agreem	fundraising services ents under which the	Yes V No
(i) Name and address of ındıvıdual or entity (fundraiser)	(iii) Di fundraiser custody control contributi	have or of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(or retained by)	
		Yes	140			
otal			▶			
3 List all states in which the licensing						

			'		eipts greater than \$5,	, , , , , , , , , , , , , , , , , , , ,
			(a) Event #1 Dinners/Receptions	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
			and Trade Missions (event type)	(event type)	(total number)	
₽	1	Gross receipts	251,184	ı		251,184
Kevelikie	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	251,184			251,184
	4	Cash prizes				
n	5	Non-cash prizes				
	6	Rent/facility costs				
5	7	Food and beverages				
2 4	8	Entertainment				
2	9	Other direct expenses .	242,148	3		242,148
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)		(242,148
	11	Net income summary Combine Ii				9,036
ar	t III			"Yes" to Form 990, Pa	rt IV, line 19, or repo	
		\$15,000 on Form 990-EZ, lii				T
₽ 2			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
<u>\$</u>				bingo/progressive bingo		col (c))
<u> </u>	1	Gross revenue		bingo/progressive bingo		
		Gross revenue		bingo/progressive bingo		
0 0 0 0 0 0 0	2			bingo/progressive bingo		
or Expenses Kevelikle	2	Cash prizes		bingo/progressive bingo		
	2 3 4	Cash prizes		pingo/progressive bingo		(Add col (a) through col (c))
200100	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs	Г Yes	☐ Yes	Г Yes	
sea ned	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	ΓNο	∀es	ΓNο	
200100	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	No s 2 through 5 in column (Г Yes	厂 No	col (c))
000 000 000	2 3 4 5 6 7 8	Cash prizes	No s 2 through 5 in column (Г Yes Г No d)	Γ No	col (c))
sea ned	2 3 4 5 6 7 8 Enter	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line	No s 2 through 5 in column (sbine lines 1 and 7 in column ation operates gaming ac gaming activities in eac	<pre></pre>	No	((col (c))
a Cliect Expenses	2 3 4 5 6 7 8 Enter Is the	Cash prizes	No s 2 through 5 in column (bine lines 1 and 7 in column ation operates gaming ac gaming activities in eac	<pre></pre>	□ No ►	(Yes \(\bigcap \) No

Sche	dule G (Form 990 or 990-EZ) 20	11		Page
11	Does the organization operate ga	aming activities with nonmembers? .		· · · · Fyes Fno
12	Is the organization a grantor, be	neficiary or trustee of a trust or a meml	ber of a partnership or other entity	
	formed to administer charitable (gamıng?		· · · · Fres Fro
				1 1
13	Indicate the percentage of gamii	- · · · · · · · · · · · · · · · · · · ·		
a				
b				
14	Provide the name and address of records	f the person who prepares the organizat	tion's gaming/special events book	s and
	Name 🟲			
	a i i . Bu			
	Address			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	revenue?			· · · · Fyes Fno
b	If "Yes," enter the amount of gar	ning revenue received by the organizat	ion 🟲 \$ an	d the
	amount of gaming revenue retair	ned by the third party 🏲 \$		
C	If "Yes," enter name and address	5		
	Name 🟲			
	Address 🟲			
16	Gaming manager information			
10	Gaining manager information			
	Name 🟲			
		* \$		
	Gaining manager compensation i	F \$		
	Description of services provided	>		
	·			
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а	Is the organization required unde	er state law to make charıtable dıstrıbu	tions from the gaming proceeds to	
	retain the state gaming license?			$\Gamma_{\text{Yes}} \Gamma_{\text{No}}$
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp	ent
		activities during the tax year > \$		
Par	t IV Complete this part to provide instructions.)	provide additional information for	responses to quuestion on Sc	hedule G (see
	•			
	Identifier	ReturnReference	Explana	tion
				·

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DLN: 93493317030192

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service Name of the organization

National US Arab Chamber of Commerce

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Inspection Employer identification number

52-1529937

Part					arantaga' aligibiliti. far	the grante or accept	-nn-d	
	oes the organization maintain e selection criteria used to a							✓ Yes
_	escribe in Part IV the organiz							
Part I	Form 990, Part IV, lir Part IV and Schedule	ne 21 for any recip	ent that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000	. Use
(a)	Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
	nter total number of section 5 nter total number of other org							0

Use Schedule I-1 (Form 9	90) if additional space	ıs needed.			, .
(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Suppleme	ntal Information. Complete t	his part to provide the information required in Part I, line 2, and any other additional information.
Identifier		Return Reference	Explanation
Grantmaker's D	escription		NUSACC provides very small grants to select organizations to support events being held by that organization NUSACC
of How Grants a	re Used		reviews materials from the event and often is in attendance

Schedule I (Form 990) 2011

DLN: 93493317030192

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.	Inspection
Name of the organization National US Arab Chamber of Commerce		Employer identification number 52-1529937

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & (iii) Other reportable compensation		(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) David Hamod	(I) [II)	166,725	25,000			16,090	207,815	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization National US Arab Chamber of Commerce **Employer identification number**

52-1529937

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The governing documents, conflict of interest policy and financial statements aremade available in response to reasonable requests made
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation is based on a review of the same position in similar organizations
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Copy of the Form 990 is reviewed by management before it is provided to the Board orits authorized representative
Form 990, Part VI, Line 7b	Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	In recognition of the desirability of having the Corporation's Board of Directorsreflect the perspectives of both the United States and the Arab World, the Board of Directors shall be divided between (a) members who represent the various classes of the Chamber's members within the United States, and (b) members who represent private trade and business interests in the Arab World. In nominating individuals to serve the Chamber's Board of Directors, appropriate representation will be given to individuals whose views reflect those of other existing U.SArab tradeorganizations.
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	NUSACC is an American, non-for-profit organization (501(c)6) with a membership that consists of U.S. and Arab businesses representing a wide range of sectors. Most of NUSACC's members are small and medium-sized enterprises (SMEs), but NUSACC also includes numerous Fortune 500 companies among its members. Membership is available to institutions, not individuals, and each institution (company, firm, association, think tank, etc.) must designate a primary and secondary contact. Unless otherwise instructed, NUSACC sends all materials to the attention of the primary contact.
Form 990, Part VI, Line 5	Form 990, Part VI, Line 5 Description of Material Diversion of Assets	An employee of NUSACC is suspected of performing services under the name of NUSACC but receiving payment personnally
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Professional Advancement - Fostering business development and networking opportunities. In Washington D.C., around the United States and throughout the Arab world, NUSACC and its partners host high-level roundtable discussions, seminars, conferences, workshops, and other events designed to generate U.S. Arab business opportunities